

# Exhibit

3

**CERTIFICATION OF VITAL RECORD**

# COUNTY of SANTA CLARA

PUBLIC HEALTH  
2220 MOORPARK AVENUE., SAN JOSE, CALIFORNIA 95128

## CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)						LOCAL REGISTRATION NUMBER	
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN)			2. MIDDLE		3. LAST (FAMILY)			
	MICHAEL			EDWARD		FEIN			
	4. DATE OF BIRTH M/M/D/D/C/C/Y		5. AGE YRS.		6. SEX		7. DATE OF DEATH M/M/D/D/C/C/Y		8. HOUR
	11/06/1942		58		M		11/23/2000		1730
	9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS		13. EDUCATION—YEARS COMPLETED
NY		335-36-2873		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		Married		22	
USUAL RESIDENCE	14. RACE			15. HISPANIC—SPECIFY			16. USUAL EMPLOYER		
	White			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			Mallinckrodt/Nellcor		
	17. OCCUPATION			18. KIND OF BUSINESS			19. YEARS IN OCCUPATION		
	Electrical Engineer			Medical Equipment			36		
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION)								
1613 Hollingsworth Drive									
INFORMANT	21. CITY			22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY	
	Mountain View			Santa Clara		94040		22	
SPOUSE AND PARENT INFORMATION	26. NAME, RELATIONSHIP					27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
	Marcia Fein, wife					1613 Hollingsworth Dr. Mountain View, CA 94040			
	28. NAME OF SURVIVING SPOUSE—FIRST			29. MIDDLE		30. LAST (MAIDEN NAME)			
	Marcia			-		Proctor			
	31. NAME OF FATHER—FIRST			32. MIDDLE		33. LAST		34. BIRTH STATE	
Samuel			Steven		Fein		NY		
35. NAME OF MOTHER—FIRST			36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE		
Ruth			-		Cohen		NY		
39. DATE M/M/D/D/C/C/Y		40. PLACE OF FINAL DISPOSITION							
12/01/2000		RES: Marcia Fein 1613 Hollingsworth Dr. Mountain View, CA 94040							
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION			42. SIGNATURE OF EMBALMER			43. LICENSE NO.		
	CR/RES			Not embalmed			-		
	44. NAME OF FUNERAL DIRECTOR			45. LICENSE NO.			46. SIGNATURE OF LOCAL REGISTRAR		
BYRGAN			FD1279			Martin D. Fensterheib			
47. DATE M/M/D/D/C/C/Y			48. SIGNATURE OF LOCAL REGISTRAR						
11/28/2000			-						
PLACE OF DEATH	101. PLACE OF DEATH			102. IF HOSPITAL, SPECIFY ONE:			103. FACILITY OTHER THAN HOSPITAL:		
	Own residence			<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA			<input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		
	104. COUNTY			105. CITY					
	Santa Clara			Mountain View					
	106. STREET ADDRESS—(STREET AND NUMBER OR LOCATION):								
1613 Hollingsworth Drive									
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						TIME INTERVAL BETWEEN ONSET AND DEATH		
	(A) Metastatic Esophageal Cancer						11 mos		
	108. DEATH REPORTED TO CORONER						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	109. BIOPSY PERFORMED						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	110. AUTOPSY PERFORMED						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
111. USED IN DETERMINING CAUSE						<input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107									
None									
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.									
Esophagoscopy and biopsy 07/12/2000									
PHYSI- CIAN'S CERTIFI- CATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			115. SIGNATURE AND TITLE OF CERTIFIER			116. LICENSE NO.		
	DECEDENT ATTENDED SINCE M/M/D/D/C/C/Y			DECEDENT LAST SEEN ALIVE M/M/D/D/C/C/Y			117. DATE M/M/D/D/C/C/Y		
	06/23/2000 11/13/2000			Paula Kushlan M.D. 795 El Camino Palo Alto, CA 94301			G031863 11/27/2000		
CORONER'S USE ONLY	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP			119. MANNER OF DEATH			120. INJURY AT WORK		
	121. INJURY DATE M/M/D/D/C/C/Y			122. HOUR			123. PLACE OF INJURY		
	<input type="checkbox"/> YES <input type="checkbox"/> NO			124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):					
	<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE			<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED					
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)								
126. SIGNATURE OF CORONER OR DEPUTY CORONER									
127. DATE M/M/D/D/C/C/Y									
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER									

H1347615



This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

12/04/2000

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

*Martin D. Fensterheib MD*  
MARTIN D. FENSTERHEIB  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

